

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012936	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/25/2014
NAME OF PROVIDER OR SUPPLIER ROSEGATE COMMONS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7525 ROSEGATE DRIVE INDIANAPOLIS, IN 46237		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00150653.</p> <p>Complaint IN00150653 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: June 25, 2014</p> <p>Facility number: 012936 Provider number: 012936 AIM number: N/A</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: Residential: 86 Total: 86</p> <p>Census payor type: Other: 86 Total: 86</p> <p>Sample: 3</p> <p>Rosegate Commons Assisted Living was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00150653.</p> <p>Quality Review 06/27/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE